

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09 781793	FILING DATE 02/12/01
							APPLICANT(S)	
							CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15	1						65	
16		1					66	
17			1				67	
18				1			68	
19					1		69	
20						1	70	
21							71	
22							72	
23							73	
24	1						74	
25		1					75	
26			1				76	
27				1			77	
28					1		78	
29						1	79	
30							80	
31							81	
32	1						82	
33							83	
34							84	
35							85	
36		1					86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	35	←	↓	←	↓	←	TOTAL DEP.	←
TOTAL CLAIMS	39	←	↓	←	↓	←	TOTAL CLAIMS	←